

Biologically, the separation of mental illness from physical illness makes no sense. All illnesses involve both biochemical and environmental factors. Genetics, organ malfunction, chemical imbalance, emotions, trauma, stress, and so forth affect cancer and heart disease, depression, and anxiety. If we take the example of diabetes, we are dealing with a malfunction of an organ in the body, the pancreas, not properly secreting the chemical it is supposed to, insulin. If insulin levels are only slightly off, then changes in diet, exercise, and behaviour may be sufficient to control the illness. If, however, the disease is significant, then we replace the missing insulin with insulin modern medicine has developed. If we look at ADHD, we are dealing with a malfunction of another organ in the body, the brain, not secreting a chemical it is supposed to, dopamine. If levels are only slightly off, then changes in diet, exercise, and behaviour may be sufficient to control the illness. If, however, the disease is significant, then we replace the missing dopamine with dopamine modern medicine has developed, called “methylphenidate” (Ritalin). If we look at depression, we are again dealing with a malfunction of the brain. The brain may not be secreting enough of the chemical serotonin, or it may lack receptors for it. If levels are only slightly off, then changes in diet, exercise, and behaviour may be sufficient to control the illness. If, however, the disease is significant, then we replace the missing serotonin with an antidepressant modern medicine has developed that blocks the serotonin reuptake. While the above is a very simplistic description of three illnesses, the point being made is valid. In all cases, an organ in the body is malfunctioning, causing a chemical imbalance, and modern medicine has developed ways of correcting the imbalance. Why is it then, that if a parent gives their child insulin to treat their diabetes, no one bats an eye, but if a parent gives their child Ritalin, they are accused of “drugging their child?” Why is there shame in taking an antidepressant, but not an antibiotic? Why do individuals feel stigmatized by seeking counselling, but not physiotherapy?

## Indigenous Views of Mental Health and Well-Being

Canadian society has much to learn from Indigenous cultures. Traditional ideas of health in Indigenous cultures do not separate mental health from other aspects of well-being. Indigenous peoples’ connections to the land and community (including all living beings around them) and everyday activities needed for survival include a spiritual dimension that maintain harmonious relations and balance (Health Canada).

### Mino-Pimatisiwin

*Mino-Pimatisiwin* is most easily translated as “leading a good life.” Some Indigenous Elders describe it as “walking in a good way.” What is critical to understand is that the Indigenous worldview of well-being reflects the interdependent worldview of Indigenous culture. While “living the good life” in Western society is seen as an individual accomplishment, often based on monetary success, Indigenous views of well-being are a mixture of self-actualization and

playing a valued role in one’s community. In fact, among Indigenous peoples these two concepts are interconnected. They could not self-actualize without developing the gifts they had been endowed with from the Creator and contributing them to their community. This is not the same as destiny, which is individualistic. This definition of well-being and actualization is not a predetermined end goal, but rather a suite of gifts that one learns how to carry and use to serve.

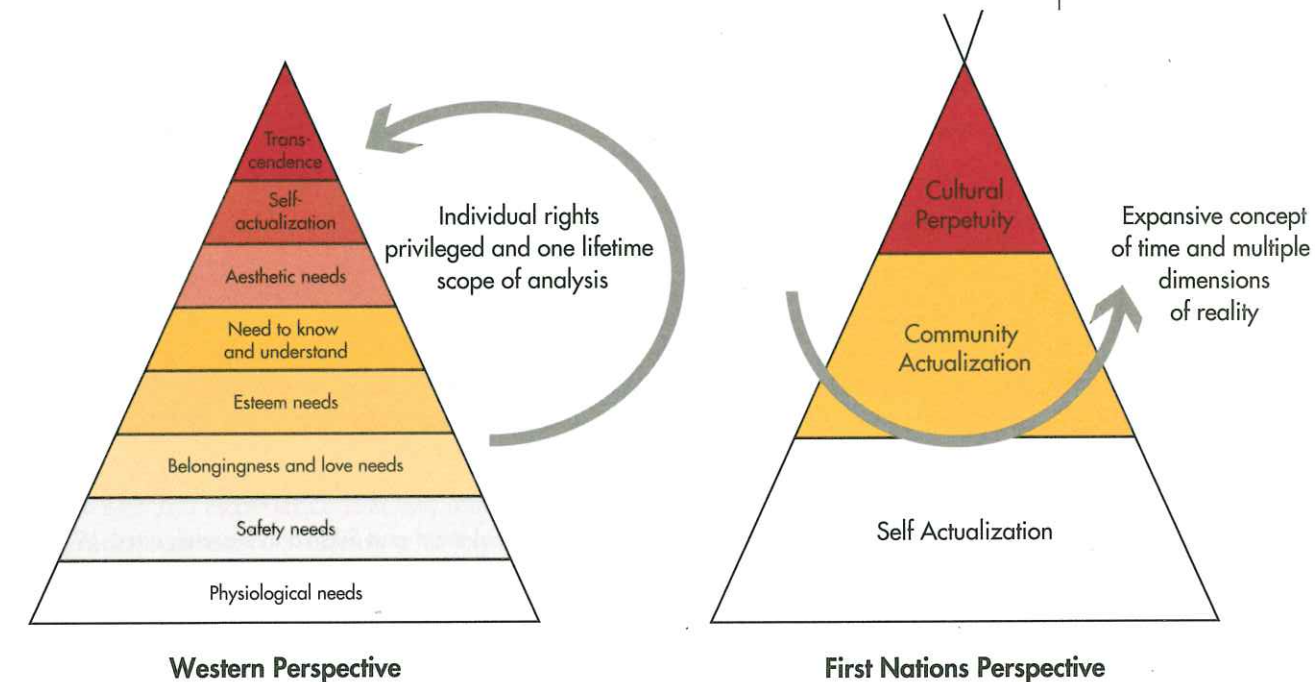


Figure 2.1 Maslow's Hierarchy of Needs (informed by Siksika Nation, Alberta). Huitt, 2004; Blackstock, 2008; Wadsworth

The clan system of government was also about personal relationships. Membership in a clan defined what role was expected of you, and your community counted on you to serve the greater good of the collective. Obligation was to the community over oneself. This was not thought of as self-sacrifice, but rather that “there is no me without the collective.” Interestingly, it is now understood that Abraham Maslow’s hierarchy of needs was based on teachings he received from the Kainai people in Alberta while doing research there. However, Maslow stepped further back than did the Siksika and stopped at the development of the individual; his triangle stops where the Siksika triangle begins. The triangle, shaped like a tepee was meant to have self-actualization as the foundation, with community actualization in the middle, and cultural perpetuity at the top. In other words, development of the self led to, and was aimed at, the strength and development of the collective. By contributing in this way, one’s life contributes to a legacy that continues long after death – cultural perpetuity.